

The Legacy Project of Stark SCHOOL APPLICATION

School Name _____ Grade Levels _____

School Mailing Address _____

PRINT OR TYPE RESPONSES:

Administrator Name _____ Job Title _____

Email: _____ Phone _____

How did you hear about us? _____

Does your school currently work with or host any other mentoring programs during the school day?

Yes No

If yes, please list the mentoring programs that are offered at your school. _____

Are you willing for a representative from The Legacy Project of Stark to serve on your school's CARE team?

Yes No

If yes, where and when does your CARE team meet? _____

In the event of a mandatory reporting situation, who will be the contact person on staff at your school? _____ How would you like this person to be contacted? _____

Are you willing to disclose specific statistics (attendance records, behavioral reports, good stories) to The Legacy Project of Stark for the purpose of grant writing? Yes No

How will the students be chosen for the mentoring program? _____

Is there a day of the week that would you prefer for The Legacy Project of Stark to come out to your school? If so, when? _____

Is there a specific meeting location that can be utilized for mentoring groups, outside of the cafeteria?

Yes No

We will provide extensively trained and background checked mentors. Is there any other training that your school requires prior to meeting with students? Yes No

I certify that the information I have provided is correct to the best of my knowledge.

Signature _____ Date _____

Please return this application to Michelle Lingenhoel at Bassplyr1712@gmail.com or mail to:

The Legacy Project of Stark
PO Box 36747
Canton, OH 44735

Office Use Only

Date Application Received: _____

Approval Date: _____

Date School Notified: _____

Person Notified: _____

Comments:

Staff Initials